

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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47						
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	31	↔	↔	↔		
TOTAL CLAIMS	36					

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1	51			
2	52			
3	53			
4	54			
5	55			
6	56			
7	57			
8	58			
9	59			
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36	86			
37	87			
38	88			
39	89			
40	90			
41	91			
42	92			
43	93			
44	94			
45	95			
46	96			
47	97			
48	98			
49	99			
50	100			
TOTAL IND.				
TOTAL DEP.		↔	↔	↔
TOTAL CLAIMS				